

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/672200

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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15						
16	cancel					
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31						
32	cancel					
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46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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56						
57						
58						
59						
60	cancel					
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95						
96						
97						
98						
99						
100						
TOTAL IND.	8					
TOTAL DEP.	48					
TOTAL CLAIMS	56					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

U.S. DEPARTMENT OF COMMERCE

Best Available Copy